

S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32452**

FILED NOV 10 1948

Registration District No. **96**

Primary Registration District No. **4158**

Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **DALLAS**
(b) City or town **Buffalo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether)
In this community **life**
years, months or days

3. (a) PRINT FULL NAME **William Alexander Howe**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **GLORIA E. THA** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JAN. 12 1898**
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **Johnson Co. MO. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business _____

12. Name **John Howe**

13. Birthplace **Johnson Co. MO. D**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH TAYLOR**

15. Birthplace **MO. D**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Howe**

(b) Address **Buffalo Mo.**

17. (a) **Burial** (b) Date thereof **10-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BETHEL CEMETERY**

18. (a) Signature of funeral director **B. J. Jones**

(b) Address **Buffalo Mo.**

19. (a) **11/6/48** (b) **Dr. J. S. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DALLAS**
(c) City or town **Buffalo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **19**
year **1948** hour **7:30** minute **9** M.

21. I hereby certify that I attended the deceased from **OCT 1** 19**48** to **OCT 19** 19**48**
that I last saw him alive on **OCT 18** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Valvular heart disease**
With decompensation
Due to **WK**

Due to **WK**
Other conditions **Chronic Nephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature: **J. B. Chamber** (M. D. or other) **M.D.**
Address **Buffalo Mo.** Date signed **11-1-48**

RECEIVED

District Health Officer No. 7

District File Number 10-48-1301

Date Filed 11-9-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.